Radiation Users Approval

Print or type all required information below

Name:	Work Phone:
Employer:	Mail Code:
Proposed Radiation Use:	

RADIATION TRAINING

TRAINING	YES	NO	NO. OF HOURS	LOCATION
1. MSFC Radiation Training				
2. Principles And Practices Of Radiation Protection.				
3. Radioactivity Measurements Standardization And Monitoring Techniques And Instruments.				
4. Biological Effects Of Radiation.				
Have you had forty hours of radiation training?			Are you a M.D.? ☐ Yes ☐ No	

EXPERIENCE

Check applicable area(s)

An "authorized user" on license no. _____ ☐ NRC ☐ State ☐ Certified in medical x-ray

☐ Administered isotopes to humans ☐ Used radiation monitoring equipment

☐ X-ray machine(s) ☐ Radioactive material ☐ College lab isotopes ☐ Multi-Curie sources

☐ Certified in radiography ☐ Radiation exposure limits ☐ Gas chromatography source(s)

☐ Other Explain: _____

Nuclide(s):	Amount Curie(s):	X-ray Equipment Output kvp:
Purpose:		
Location(s):		
Duration:		

SIGNATURES

I certify that I have read the following:

1. NCR Regulations, Parts 19 and 20.
2. Radiological Health Manual (MPG 1860.1).
3. Local Procedures and Methods of Control.

Date: _____

Requester's Signature: _____

MSFC Radiation Safety Committee Action:

Approved: ☐ Yes ☐ No

Date: _____

Signature: _____

Chairperson, MSFC Radiation Safety Committee

Special Conditions:

Attach additional information if necessary.